

Testimony

Senate Bill 2163

Senate Education Committee

Monday, January 17, 2005; 9:30 a.m.

North Dakota Department of Health

Good morning, Chairman Freborg and members of the Senate Education Committee. My name is Terry Dwelle, and I am the State Health Officer for the North Dakota Department of Health. I also am a practicing pediatrician working with an asthma clinic for children at the Spirit Lake Nation. I am here to testify in support of Senate Bill 2163.

Asthma is a serious, common disease affecting one out of every 10 children and adults in North Dakota.

A proven mechanism to effectively manage asthma is to teach patients – including school-age children – how to best manage their disease, including when and how to use a variety of medications to prevent and treat asthma attacks.

This makes sense, since it's the patient who manages the disease 99 percent of the time, not the doctor or nurse who sees that patient only occasionally in the clinic or hospital.

As a pediatrician working in an asthma clinic, I and my staff spend a significant amount of time teaching children how to manage their asthma. Once trained, school-age children generally do very well at self-administration of asthma medications.

For a person who has asthma, time is essential in ensuring appropriate treatment of an asthmatic attack. When children have been trained in self-management and have been approved by a clinician to carry and administer their own medication, it is essential they be allowed to do so. Delays incurred while the school staff person responsible for administering medication is out for lunch or at a meeting can and has been associated with unnecessary emergency room visits and even deaths.

The ability of children to self-carry and self-administer asthma medications in schools is inconsistent across North Dakota. We need a standard for the whole state. We cannot tolerate even one child experiencing asthma complications or dying because he or she was not allowed to self-carry or self-administer medications when approved to do so by his or her personal clinician.

This same argument applies to allowing children to self-carry and self-administer epinephrine (EPIpens) for life-threatening reactions to things like bee stings or nut allergies.

I suggest one amendment to the bill, inserting the words “nurse practitioner or a physician assistant” after the word “physician” on line 11. Because several communities in North Dakota don’t have physicians, clinical services are provided by nurse practitioners and physician assistants instead. It’s important they be able to sign the document giving authority for a child to self-carry and self-administer medication.

This concludes my testimony. I am happy to answer any questions you may have.